## **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT

P.O. Box 12070

### FORM C/OH COVER SHEET PG 1

OAWII AIO		OOVER ONEET PG 1
The C/OH Instruction G	Guide explains how to complete this form.  1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST MI	OFFICE USE ONLY
NAME	NICKNAME LAST SUFFIX	Date Received RECEIVED
	Cheney	UUL 14 2000
4 CANDIDATE/ OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	City Secretary's Office
MAILING ADDRESS	4783 Preston Rd #100	Date Hand-delivered or Date Postmarked
Change of Address	111500 12 13034	1:38/pm/gB
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER EXTENSION  (214) 707 7320	Receipt # Amount
6 CAMPAIGN	MS (MRS I) MR FIRST MI	Date Processed
TREASURER NAME	Sheila Nickname Last suffix	Date Imaged
	Elliott	
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
ADDRESS (Residence or business)	6839 Valley Brook Frisco Tx 7	5035
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 964 0135	
9 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 7 / 15	/ 200 8
11 ELECTION	Month Day Year ELECTION TYPE  Primary Runoff	General Special
12 OFFICE	OFFICE HELD (if any)  CITY GUNCIL, Place 2	n) .
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without Candidates are required to disclose this information only if they receive notification o	
EXPENDITURE BY OTHER INDIVIDUALS	Name	
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	A Made of the following of the second of the
additional pages		
	GO TO PAGE 2	

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL	candidate / officehold	otice of political contributions accepted or political expenditures made to the contributions accepted or political expenditures made to the candidate's contribution only if they receive notion only if they receive not	or officeholder's knowledge or consent.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	,	
add:tional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
<sup>18</sup> CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$ 0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	*
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	E \$ 0
19 AFFIDAVIT			
No	J. LYDIA NAVARRO tary Public, State of Te My Commission Expir February 22, 2009	me under Title 15, Election Code.	erjury, that the accompanying report  formation required to be reported by
AFFIX NOTARY STAMP	/ SEAL ABOVE	Signature of Candid	date or Officeholder
Sworn to and subscrib	ed before me, by t	no sald Jett Cheney	, this the 山井木 day
elignature of officer add	anarmo	Ify which, witness my hand and seal of office.  JUDIA LADORO  Printed name of officer administering oath  Title	inistrative Assistant e of officer administering oath

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

The Instruct	ion Guide explains how to complete this form.		1 Total pages Sche	edule A:
FILER NAM	ΛΕ		3 ACCOUNT# (Eth	oics Commission filers)
Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
	6 Contributor address; Clty; State; Zip Code			   
			(if travel outside o	r of Texas, complete Schedule T
Principal occ	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor	*	Amount of contribution (\$)	in-kind contribution description (if applicable
	Contributor address; City; State; Zlp Code			
			//6 4	American commission Calculate M
Principal occi	upation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T
i illiopa. cc.	spanott / dob title (dob title adminis)	Cirpioya. (CC.	mion dono, io,	
Date	Full name of contributorout-of-state PAC (ID#;	Taga consideri carcerante esta esta esta esta esta esta esta es	Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City; State; Zip Code			
		İ	(if travel outside o	of Texas, complete Schedule T
Principal occi	upation / Job title (See Instructions)	Employer (See I	<u> </u>	T today complete semesant .,
Date	Full name of contributor Out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City; State; Zip Code			
			(If trave) outside o	f Texas, complete Schedule T)
Principal occu	ipation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable
	, , , , , , , , , , , , , , , , , , ,		l	
·	Contributor address; City; State; Zip Code			
	Contributor address; City; State; Zip Code		(if travel outside o	f Texas, complete Schedule T

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

PLEDG	SED CONTRIBUTIONS			SCHEDULE B	
The Instruc	ction Guide explains how to complete this form.		1 Total pages this S	Schedule B:	
2 FILER NAM	ИЕ		3 ACCOUNT # (Ethics Commission filers)		
4 TOT/	AL OF UNITEMIZED PLEDGES: ⇒	\$ \$ \$	\$ \$	\$	
5 Date	6 Full name of pledgor □ out-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)	
			(if travel outside c	of Texas, complete Schedule T)	
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See I	<del></del>		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)	
	Pledgor address; City; State; Žip Code	. , , , , , , , , , , , , , , , , , , ,	higgs (4)	(п арупоамо)	
			(If travel outside o	of Texas, complete Schedule T)	
Principal occup tions)	pation / Job title (See Instruc-	Employer (See li	instructions)		
Date	Full name of pledgor out-of-state PAC(ID#:		Amount of pledge (\$)	In-kind description (if applicable)	
1			(If travel outside o	f Texas, complete Schedule T)	
Principal occu	pation / Job title (See Instructions)	Employer (See Ir			
Date	Full name of pledgor Out-of-state PAC(iD#: Pledgor address; Clly; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)	
Parada a a a a a		5		f Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)		
Date	Full name of pledgor out-of-state PAC (ID#: Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)  f Texas, complete Schedule T)	
Principal occup	pation / Job title (See instructions)	Employer (See In		tondo, complete concern,	
If c	ATTACH ADDITIONAL COPIES ontributor is out-of-state PAC, please see instru	· ·		regulrements.	

LOANS				SCHEDULE E	
The Instruction	n Gulde explains how to complete this form	ì.	1 Total pages Sche	edule E:	
2 FILER NAME			3 ACCOUNT # (Et	hics Commission filers)	
4 ТОТА	AL OF UNITEMIZED LOANS: ⇒	4 4 4	다 다	\$	
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:		9 Loan Amount (\$)	
6 Is lender a financial institution?	8 Lender address; City; State; Zip	p Code		10 Interest rate	
Y N				11 Maturity date	
12 Principal occupatio	on / Job title (See Instructions)	13 Employer (See In:	structions)		
14 Description of Collate	eral				
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)	
not applicable	not applicable				
19 Principal Occupation	26	0 Employer			
Date of loan	Name of lender	out-of-state PAC (ID#:	)	Loan Amount (\$)	
Is lender a financial institution?	Lender address; City; State; Zip	Code		Interestrate	
Y N			ļ	Maturity date	
Principal occupation	n / Job title (See Instructions)	Employer (See Instruction	ons)		
Description of Collate	əral				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)	
not applicable	Guarantor address; City; State; Zip	o Code			
Principal Occupation		Employer			
If len	ATTACH ADDITIONAL COPI der is out-of-state PAC, please see instruc			quirements.	

P.O. Box 12070

	POLITIC	CAL EXPENDITURES		SCHEDULE F
	The Instruc	tion Guide exptains how to complete this form.		1 Total pages Schedule F:
2	FILER NAME	Ξ		3 ACCOUNT # (Ethics Commission filers)
4	Date	5 Payee name		7 Amount (\$)
		6 Payee address; City; State; Zip Code		
8	Purpose of pay required.)	I rment (See Instructions regarding type of information	9 ·· Complete if dir Candidate / Officeholder n	rect expenditure to benefit C/OH •• name Office sought Office held
South	(If travel outside	e of Texas, complete Schedule T)		
	Date	Payee name		Amount (\$)
		Payee address; City; State; Zip Code		,
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n	ect expenditure to benefit C/OH   ame Office sought Office held
-0.000	(If travel outside	of Texas, complete Schedule T)		
	Date	Payee name		Amount (\$)
		Payee address; City; State; Zip Code		
	Purpose of paye required.)	ment (See instructions regarding type of information	↔ Complete if dir Candidate / Officeholder n	ect expenditure to benefit C/OH •• ame Office sought Office held
Missin	(If travel outsid	de of Texas, complete Schedule T)		
	Date	Payee name		Amount (\$)
		Payee address; City; State; Zip Code		
	Purpose of payr required.)	nent (See Instructions regarding type of Information	•• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH ** anne Office sought Office held
	(if travel outside	of Texas, complete Schedule T)	48- * · · · · · · · · · · · · · · · · · ·	
		ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED

Texas Ethics C	ommission P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-	5800	1-800-325-8506
ž –	CAL EXPENDITURES FROM PERSONAL FUNDS		S	CHEDULE <b>G</b>
The Instruc	tion Guide explains how to complete this form.	1 Total pages Scheo	dule G:	
2 FILER NAM	E .	3 ACCOUNT# (Eth	nics Commission filers)	
4 Date	5 Payee name		8	Amount (\$)
	6 Payee address; City; State; Zip Code			
	7 Purpose of expenditure (See instructions regarding type of information requ (If travel outside of Texas, complete Schedule T)	aired.)		Reimbursement from political contributions intended
Date	Payee name			Amount
Dato	Payee address; City; State; Zip Code			(\$)
	Purpose of expenditure (See instructions regarding type of information requ (If travel outside of Texas, complete Schedule T)	ilred.)		Reimbursement from political contributions intended
Date	Payee name		-	
Date	Payee address; City; State; Zip Code			Amount (\$)
	Purpose of expenditure (See Instructions regarding type of information requ (If travel outside of Texas, complete Schedule T)	vired.)		Reimbursement from political contributions Intended
Date	Payee name			Amount
	Payee address; Clty; State; Žíp Code			(\$)
	Purpose of expenditure (See instructions regarding type of information requ	uired.)		Reimbursement from political contributions
Pur Manager Sales of the Commission of the Commi	(If travel outside of Texas, complete Schedule T)		addominal dová literárá a	intended
Date	Payee name			Amount (\$)
	Payee address; City; State; Žip Code			
	Purpose of expenditure (See Instructions regarding type of information requ (if travel outside of Texas, complete Schedule T)	lred.)		Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED		

#### PAYMENT FROM POLITICAL CONTRIBUTIONS SCHEDULE H TO A BUSINESS OF C/OH 1 Total pages Schedule H: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Date 5 Business name Amount (\$) 6 Business address: City; State; Zlp Code 8 Purpose of payment (See instructions regarding type of Information · Complete if direct expenditure to benefit C/OH · · required.) Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T) Date Business name Amount (\$) Business address; City; State; Zip Code Purpose of payment (See Instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office held (If travel outside of Texas, complete Schedule T) Date **Business** name Amount (\$) Business address: City; State; Zip Code Purpose of payment (See Instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Candidate / Officeholder name Office sought Office held (If travel outside of Texas, complete Schedule T) Date Business name Amount (\$) Business address; City; State; Zlp Code Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · · required.) Candidate / Officeholder name Office held (If travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission

### **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

	A STATE OF THE STA	5 1000 W.T.D
LER NA	ME	3 ACCOUNT # (Ethics Commission filers)
Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See Instructions regarding type of information	on required.)
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information	n required.)
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See Instructions regarding type of information	n required.)
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of informatio	n required.)
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information	n required.)

Texas Ethics	Commission P.O. Box 12070 Austin, Texas 78711-2070	( 0 (512) 46	3-5800	1-800-325-850
CRED	ITS (optional)		sc	HEDULE <b>K</b>
The Instru	uction Guide explains how to complete this form.	1 Total pages Sch	edule K:	
2 FILER NA	ME	3 ACCOUNT# (E	thics Commis	sion filers)
4 Date	5 Payor name 6 Payor address; City; State; Zip Code		8	Amount (\$)
	7 Reason for credit			
Date	Payor name			Amount (\$)
	Reason for credit			
Date	Payor name Payor address; City; State; Żip Code  Reason for credit			Amount (\$)
Date	Payor name			Amount (\$)
	Payor address; City; State; Zlp Code  Reason for credit			
Date	Payor name  Payor address: City: State: Zip Code			Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Reason for credit

#### IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule C Schedule B Schedule D Schedule F Schedule G Schedule H Schedule N COH-UC СОН-Т PAC-C PAC-E 6 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N PAC-C COH-UC PAC-E СОН-Т Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N PAC-E COH-UC COH-T PAC-C Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED